

Contestant Checklist

- 1. Read "Contestant Qualifications and Expectations"
- 2. Complete "Contestant Application"
- 3. Send an email with all the following information below to oklacontest@gmail.com by the deadline of February 15th 2025
 - a. Completed and electronically signed application.
 - b. One .jpg, .png, or .bmp picture as a pair and as individuals for our files, announcements, social media, and website.
 - c. Photocopy of each person's driver's license or passport (you can cross out document numbers, this is only used for background checks).

Contestant Application

If necessary, please feel free to attach additional information if the form does not allow adequate space for your answer. The judges will be able to review the contestant applications (without the personal contact information) to assist in the interview process.

| CONTESTANT #1: |
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| Legal Name: |
| Date of Birth: |
| Scene Name: |
| Pronouns: |
| E-mail Address: |
| Home Address: |
| City, State, & Zip: |
| Phone Number: |
| Does a message need to be discreet? |
| Please list any medical conditions, including allergies, that we should know about (this is kept confidential): |
| Length of time involved in PX community: |
| Please provide a bio/introduction for yourself (150 words) that can be shared on the website or other social media: (attach if necessary) |
| Have you ever been accused of a consent violation? This does not automatically exclude you from running, especially if you have learned from the incident. |
| |
| If you are at an event and see someone being discriminated against, how would you handle the situation? |
| |
| Fetish groups, communities, or charities in which you are actively involved: |
| |

| CONTESTANT #2: |
|--|
| Legal Name: |
| Date of Birth: |
| Scene Name: |
| Pronouns: |
| E-mail Address: |
| Home Address: |
| City, State, & Zip: |
| Phone Number: |
| Does a message need to be discreet? |
| Please list any medical conditions, including allergies, that we should know about (this is kept confidential): |
| Length of time involved in PX community: |
| Please provide a bio/introduction for yourself (150 words) that can be shared on the website or other social media: (attach if necessary) |
| Have you ever been accused of a consent violation? This does not automatically exclude you from running, especially if you have learned from the incident. |
| If you are at an event and see someone being discriminated against, how would you handle the situation? |
| Fetish groups, communities, or charities in which you are actively involved: |
| |

| CONTESTANT #3: |
|--|
| Legal Name: |
| Date of Birth: |
| Scene Name: |
| Pronouns: |
| E-mail Address: |
| Home Address: |
| City, State, & Zip: |
| Phone Number: |
| Does a message need to be discreet? |
| Please list any medical conditions, including allergies, that we should know about (this is kept confidential): |
| Length of time involved in PX community: |
| Please provide a bio/introduction for yourself (150 words) that can be shared on the website or other social media: (attach if necessary) |
| Have you ever been accused of a consent violation? This does not automatically exclude you from running, especially if you have learned from the incident. |
| If you are at an event and see someone being discriminated against, how would you handle the situation? |
| Fetish groups, communities, or charities in which you are actively involved: |
| |

CONTESTANT PAIR/GROUP:

| Briefly describe your relationship and the length of time you have been together: |
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| Provide 2 (two) community references who can be contacted who will provide a written statement of how they know you, their views on how you demonstrate your dynamic, and how you handle yourselves within the community. Please note these references cannot be changed, therefore you should ensure they are aware and prepared before you submit their names (the judges can contact them at their discretion if they feel it is necessary or useful). |
| 1. Legal name, Scene Name, email address |
| 2. Legal name, Scene Name, email address |
| Please describe how your demo/fantasy reflects your dynamic: (attach) <i>This can be turned in by Feb 25, along with any music files, if the contestants need additional time.</i> As a pair/poly/triad, what are your goals for entering this contest? |
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| If you win, at what events would you like to teach? |
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| If you don't win, how will you continue to be a positive role model for others who share your specific fetish or dynamic? |
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Please provide an introduction for your power exchange pair or group (150 words) that can be shared on the website or other social media: (attach)

| Oklahoma Leather Association Power Exchange Contest is open to residents of Oklahoma. Please confirm you are a legal resident of the state and able to represent your state when you win |
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| the Scissortail Power Exchange Title. |
| DISCLAIMER AND RELEASE OF LIABILITY: In consideration of the acceptance of our entry herewith by the owner and producer of Oklahoma Leather Association Power Exchange Contest, by completing this application we hereby waive, release and forever discharge Oklahoma Leather Association Power Exchange Contest, its owners, producers, members, agents, operators, employees, lessors, lessees, parent companies or entities, affiliated companies or entities, representatives or subsidiaries from any and all demands, actions, causes of actions, claims of injury or damage to our persons, property or reputations, costs, damages, expenses, attorney's fees or penalties of any kind or nature, whether asserted or unasserted, known or unknown, that may arise now or in the future from any cause whatsoever in connection with our participation in and with the Oklahoma Leather Association Power Exchange Contest We hereby give permission for the use of our scene names in connection with publicity for Oklahoma Leather Association Power Exchange Contest Title and Contest. By our completing this application, we hereby state that we have read and understand the above disclaimer. We further state that each of us is at least 21 years of age. |
| Electronic Signature of Contestant 1 by typing name: |
| Electronic Signature of Contestant 2 by typing name: |
| Electronic Signature of Contestant 3 by typing name: |
| An electronic copy of the form(s) should be sent to the email address at the beginning of the packet. |